

PART B - FEE(S) TRANSMITTAL

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61487 7590 06/21/2007

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07/30/2007 SSANDARI 000000007 500815 10764125

01 FC:2501 700.00 OP
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|-----------------|------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILED DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|------------|----------------------|---------------------|------------------|

10/764,125

01/23/2004

Mark Zdebleck

PRTS-038

6091

TITLE OF INVENTION: METHOD AND SYSTEM FOR REMOTE HEMODYNAMIC MONITORING

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | 09/21/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
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BOCKELMAN, MARK

3766

600-508000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

BOZICEVIC, FIELD & FRANCIS LLP
BRET E. FIELD
KATHLEEN MCCOWIN

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

PROTEUS BIOMEDICAL, INC.

REDWOOD CITY, CALIFORNIA

Please check the appropriate assignment category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies **10**

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- ☐ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-0815** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date **JULY 27, 2007**

Typed or printed name

BRET E. FIELD

Registration No. **37,620**

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